MARGIN RESERVED FOR BINDING

V. S. No.

1. PLACE OF DEATH			(159)
Ea 0		and the same of th	Registration Dist. No.
Village or City Clickon		(1	No. UMON How free St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residenca In city or town where	deeth occurred	0	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME		Poza	vers wasy
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OF RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY. That ettanded deceased from
(01) ************************************	0		4-13 ,1934, to 4-14 ,1939
DATE OF BIRTH (month, day, and year)	est. 13,	1934	Hast sew h elive on 2 - 13 , 193 , death is said
. AGE Years Months	Deys	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2.20 cm.
		ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence ware as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Deser min ale
9. Industry or businass in which			a constant
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Ceenan
	11. Total t	ima (yaers) nt in this	M. Ch.
year)	2	upation	Othar Contributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	c ru	<u>q</u>	
1 1	a star	1	
10 1/2	, and and		
(State or country)	·······		Name of operation Dete of
	117,	llar	What test confirmed diagnosis? Was there en eu'opsy?
1/	2		23. If death was due to externel causas (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)			Where did injury occur?
17. INFORMANT Judies Browns (Address) 18. BURIAL, CREMATION, OB BEMOVAL 17. INFORMANT 18. BURIAL, CREMATION, OB BEMOVAL 19. The state of the sta			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
			Mannar of Injury
Place // Ost (o	Date Great	19	Nature of Injury
19. UNDERTAKER			24. Was disease or injury in any way related to occupation of dacaasad?
10. FILED Seph 14, 1934 X	nausto	Traces Registrar.	(Signed) / Carry Aug Aug Aug

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
00			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS I	RXI	PHYSICIAN
---------------------------------	-------------	-----	-----------

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. FOR BINDING
IS A PER NENT RECORD WITH UNFADING INK-THIS IS A PER MARGIN RESERVED WRITE PLAIN S No. 1

>

PLACE OF DEATH	THE RESERVE THE PERSON NAMED IN	STATE OF	
County Cecil	o con a g o mag o C couldron sintem	(31) CERTIFICATE	OF DEATH
		Registration 1	Dist. No. 92
Village or City Childs, Mar	yland (No.	St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME	Thomas Beers,	***************************************	number.)
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RAG	S SINGLE, MARRIED, Married WIDOWED: OR DIVORCED (Write the word)	September 28, (Moath)	1934 • , 192
6 DATE OF BIRTH October	4 1861	January 29,1936 192 to Sept	ended the deceased from
(Mor		that I last saw h im alive on Septe	mber 27th, 19234,
7 AGE 73 yrs. 11	If LESS than I dayhrsmos. 24]4ds. ormin.?	and that death occurred on the date stated The CAUSE OF DEATH * was as follows: Carcinome of prostate.	
a) Trade, profession or particular kind of work Labor (b) General nature of industry business, or establishment in which employed or (employer)		with metastasis. (Duration) at	, turouspessor account of the contract of the
9 BIRTHPLACE (State or country) Childs, 10 NAME OF FATHER Thomas Be	Md.	(Signed) J+ M Jne	7 mos. ds.
OF FATHER (State or country) Irelan		9-28-1934-192 (Address) Elktor *State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	
12 MAIDEN NAME OF MOTHER MARY	Hurley.	18 LENGTH OF RESIDENCE (For Hospi	
13 BIRTHPLACE OF MOTHER (State or Country) ITE	land.	At place of deathmosds. Sta	teds.
(Address) Child	y Beers,	Where was disesse Contracted, if not at place of deah? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Elbton Catholic Ceruetty 20 UNDERTAKER	DATE OF BURIAL OCA 1 , 19 3 5
	Registra	sepli R Trans	north Cast, My
If more banks	are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V.	5, 1.0. I.

(Approved by U. S. Census : nd Amcrican Fublic Health Association.)

tired 6 yrs). For persons who have no occupation? state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e g., Farmer or Planter, tion applies to e.ch and every person, irrespective ef cupation is very important, so that the relative health-Statement of Occupation - Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a (a) Foreman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Locomotive engineer, (6) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphlheria (avoid use of "Croup"); Ty, hoid fever (never report "Typhoid Pneumonia"); Lobur preumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st.ted unless important. Example: Measles (disease inges, feritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions anawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19106
1. PLACE OF DEATH,	911
outly	Registration Dist. No.
Village or City North East	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Nanny S. Biddle	
(a) Residence: No. North East	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 15. SINGLE MARRIED WILDOWED	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND OF (or) WIFE OF Robert Bridgle	1 HEREBY CERT FY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 18 1874	I last saw N S alive on 19 1, 19 1, 19 3 7; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 3 3 0 0 m.
(00 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	A D Date of onset
SAWYER, BOOKKEEPER, etc	Juliu Jen Than
SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and	·····
10. Date deceased last worked at this occupation (month and year)	
	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	0000
13. NAME. I hom as 7 Rutter	an munitarily
13. NAME Thomas Touter	Name of operation Data of
(State or country) Kent Co Vuol	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, sulcide, or homicida?
(State or country) I all lieuxe Co Md	Whare did injury occur?
17. INFORMANT Clobert Buddle (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sudleswille Ned Data Sept 1 , 19 34	Natura of injury
19. UNDERTAKER JOSEPH A Grant (Address) (Address)	24. Was disease or injury in any way related to occupation of deceased? If so, spacify
20. FILED 9-10-34, 19 Les W. Cerces Registrar.	(Signad) — Culuell M. D. (Addrass) — Culuell M. D.
	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 wcek ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1 m should state

,		CERTIFICATE OF DEATH
1	1. PLACE OF DEATH	(131)
	County Cecil	Registration Dist. No.
	Village or City Porth East 17 D	No. St., Ward death occurred in a hospital or justitution, give its NAME instead of street and number)
1	Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME arthur In. Brown	
	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yest)
	5a. if married, widowed, or divorced HUSBAND of	(month) (lear)
	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
	\$ 1 1 560,56	lung 1, 1934, to del 334, 1934
te.	6. DATE OF BIRTH (month, dey, and yeer)	I last saw h. alive on
certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 101'm.
	76 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
	8. Trade, profession, or particular kind of work done, es SPINNER, Relieved SAWYER, BOOKKEEPER, etc.	Data ot one et
Jo	SAWYER, BOOKKEEPER, etc.	Mr. Whileland Wifeligh
back	9. Industry or business in which work wes done, es SILK MILL.	
	SAW MILL, BANK, etc.	
on	- I about it it it it	
instructions	year) occupation	Other Coutributory Causes of importance:
cti	12. BIRTHPLACE (city or town)	
tru	(State or country)	milliand remaining 24 h
ins	13. NAME WIN W Brown	
See	14. BIRTHPLACE (city or town) Chestertown	Name of operation Dete of
S	(State of Country)	What test confirmed diagnosis? Was there an eulopsy? \
nt.	15. MAIDEN NAMAGanthun Merrett)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
important.	15. MAIOEN NAMAGGAREFTERMY Merrett 16. BIRTHPLACE (city or town) 20 formaling (State or country)	Accident, suicide, or homicide?0ate of injury19
bo	E (Stete or country) 20 reformed	Where did injury occur?
	whomas who have he	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
ry	17. INFORMANT (Address) 9 PRIME 20 4	opening mixtures injury occurred in modern, in nome, or in robelle reace.
is very	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place hester town hut Date 25 1934	Nature of injury
TION	21 U. Pier	1.
TI	19. UNDERTAKER A TOTAL	24. Was disease or injury in any way related to occupation of deceased?
1	(Address) Eletin and	If so, specify
) -	20. FILED 7 - 24-3419 Two W. Vercens	(Signed) M. O.
	Registrar.	(Address) Cold Curt Cit

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	952)
County beal	Registration Dist. No. 97
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) S. ds. How long in U.S. if of foreign hirth? yrs. mos. ds
2. FULL NAME Henry Ellis Bron	m p
(a) Residence: No. (Usual place of abode)	St., Ward. Surany ville Va. If nooresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Nale Whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("aurite the word) Married	21. DATE OF DEATH September 20, 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie M. Bess Brown	22. HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, end yeer) Oct 27, 1862	I last sew h; death is sale
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Probably sent dilitation Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	attack came suddenly while
10. Date deceased last worked at this occupation (month and Sept 3.4) 11. Total time (years) spant in this occupation.	more moved
12. BIRTHPLACE (city or town) New Zeaco 1 (State or country)	Other Contributory Causes of importance:
13. NAME John 6. Brown 14. BIRTHPLACE (city or town) Usakananan	Name of operation Dete of Was there en au'opsy?
15. MAIDEN NAME Elizabeth Markley 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did Injury occur?
17. INFORMANT Mis Maggie M. B. Brown, (Address) Turan ville la.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Little Brittain Pa Date Sept 7, 1954	Manner of injury
19. UNDERTAKER Holy Sippin (Address) Elfeten Mid-	24. Was disease or injury In any way related to occupation of deceased?
20. FILED A120, 1934 Brause From Ex. Registrar.	(Signed) J. Northey Frager Corones (Address) Ellton mod

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

NOIL

19. UNOERTAKER (Address

20. FILEO.

BINDING

MARGIN RESERVED

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Nature of Injury

If so, specify

24. Was disease or injury in any way related to occupation of deceased?_

attended deceased from

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
			.6. T
Other contributory causes of importance:		Other contributory causes of importance:	Maria.
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

20. FILEB

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 09110
C 1	46)
Gara	Registration Dist. No.
Timage of City Control City	St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John a Butle	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wrighte word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Menth) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That lattended daceased from
6. DATE OF BIRTH (month, day, and year) June 28 1874	I last saw ha alive on
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, at fam.
60 2 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Doug Loboru SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked at this occupation (month end	were as follows: Carsinoma : Jriman in gall Date of onset
9. Industry or business in which work was done, as SILK MILL,	· Cul-R
SAW MILL, BANK, etc 10: Dete deceasad lest worked at this occupation (month end 9 4 spent in this occupation yaer)	Duration: 1/2, years.
12. BIRTHPLACE (city or town) Elkton (State or country) Than land	Other Contributory Causes of importance:
13. NAME John A Butler	Court myranny
13. NAME John A Butler 14. BIRTHPLACE (city or town) Election (Stete or country) Many Land	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Martha Kimble 16. BIRTHPLACE (city or town) Elettra (State or country)	23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT David Butly (Addrass) Elston Ind	Where did injury occur? (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Elkton ameling Oate S. ft 24, 1934	Manner of Injury
19. UNDERTAKER 74 CUPINA	24. Wes disease or injury In any wey related to occupation of daceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
007 4 1554			
Other contributory causes of importance:	-11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of vears the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full-descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1		
1 DEAL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE O	MARYL	AND-CER	TIFICATE	OF	DEATH
---------------------------------------	---------	-------	---------	----------	----	-------

10	0	1	1	2
V	J	1	1	4

1. PLACE OF DEATH	93-0
County Cecil	Registration Dist. No. 94
Village or City near Theodore	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME John Gust Dahl	
(a) Residence: No. M. F. D. 1 Rising Sun had (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Alware See If married, widowed, or divorced	21. DATE OF DEATH Sept 27, 193 4 (Month) (Day) (Year)
HUSBAND of Cor) WIFE of Anna Make	22. i HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ale. 17, 1861	
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, atm,
72 9 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end per 3 deceased) in this occupation good occupation.	natural causes - probably 9/16/24 acute myocardates Juned dead in home Sept 30 th lived alone - death probably accured 3 days ago,
12. BIRTHPLACE (city or town) (State or country) Jinland	Other Contributory Causes of Importance:
13. NAME Sustaf Mahl	
13. NAME Sustaf Wahl 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of
15. MAIDEN NAME Sophia Wahl 16. BIRTHPLACE (city or town) Finland	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
[State or country]	Accident, suicide, or homicide?
17. INFORMANT Mrs. Elleng Luoma (Address) harth Earl mile	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL RE Place Maria East Md. Date Oct 3, 1934	Manner of injury
19. UNDERTAKER Alland (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED/0+2-34, 19 tro W. Queling Registrat.	(Signed) J. Wedney Frager Coroner (Address) Belt to med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

1. PLACE C				(54d)	
County	Cecil			Registration Dist. No. 96	
Village or Length of re	City_Yeterans!A	dministr	ation Facil	itylo. Perry Point, Md. St., Geath occurred in a hospital or institution, give its NAME instead of street and r ds. How long in U.S. If of foreign birth? yrs. me	Ward
2. FULL NA			J. C-1 08		
	nce: No. 16 Obey				State
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RACE White White 5. SINGLe, MARRIED, WIDOWED, OR DIVORCED (write the word)			D (write the word)	21. DATE OF DEATH September 23 (Month) (Day)	. 1934 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Single				22. I HEREBY CERTIFY, That I ettended March 15 19 27 to September 2	deceased from
S DATE OF RIPTH	(month day and year) ME	y 13, 18	91	lest saw h im alive on September 23 1934	
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months 1 Days If LESS than I day, hrs. or min. Now the done, es SPINNER, Errand boy, laborer, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation and the done occupation occupation occupation.			If LESS than I day,hrs.	to have occurred on the date stated above, at 8:00 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset	
			, laborer,	Tumor Brain, benign, cystic degen- eration.	approxi-
			e clerk		mately 1920.
			time (years) ent in this Unknot	(61)	LERV
12. BIRTHPLACE ((State or co	city of town)	irgh, Pa.		Other Contributory Causes of Importance:	9-20-34
13. NAME	James Durkin				
	CE (city or town)	reland		Name of operation None Date of What test confirmed diagnosis Autopsy Was there an a	
15. MAIDEN N	AME Catheri	ne		23. If death was due to external causes (VIOLENCE) fill In also the following	:
15. MAIDEN NAME Catherine 16. BIRTHPLACE (city or town) Ireland (State or country)				Accident, suicide, or homicide? No Dete of Injury Where dld Injury occur? No injury	
17. INFORMANT (Address)	Hospital Ferry F	Records Point. Md		(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18. BURIAL CREMATION OR REMOVAL Place Pittsburgh, Pa. Date Sept. 24 19 34				Manner of injury	
19. UNDERTAKER (Address)	Pennington & Havre de Gri	son, Md.	Sou.	24. Was disease or injury in any way releted to occupation of deceased? NC)
20. FILED - Slept	t. 23, 1934 Ch	1/11/20	Morreson. Registrar.	(Signed) L. E. TRENT, M.D. Clinical I (Address) Perry Point, Md.	ir ector

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The state of the s	
			-

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of oertificate. RECORD BINDING PERM ENT K FOR WITH UNFADING INK--THIS RESERVED MARGIN PLAINLY, WRITE m

S. No. 1

٧.

PLACE OF DEATH	STATE OF MARYLAND
County Clail	CERTIFICATE OF DEATH
. 11	Registration Dist. No. 9/
Village or City Cheapake (No	St: Ward) (If death occurred in
	tion give its NAME is a
2FULL NAME Francis 8. Ealon	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
WIDOWED. OR DIVORCED	DEPT. 13 , 1984
finale (Write the word)	(Month) (Year) (Year)
B DATE OF BIRTH	HEREBY CERTIFY, That I attended the deceased from
/NOV 18., 1934	100 100 100 100 100 100 100 100 100 100
(Month) (Day) (Year)	that I last saw hill alive on Seff. 19216
7 AGE	and that death occurred on the date stated above, at
74 yrs. 9 mos. 25 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	(and a monday) all al disease
(a) Trade, profession or	
particular kind of work	
business, or establishment in	(Duration) / Oyrs de,
which employed or (employer)	Contributory My reardeal & silve
9 BIRTHPLACE (State or country)	Secondary Louis (Duration) yes mos ds.
10 NAME OF A	(Signed) Herry J. Davis M. D.
FATHER Wase Plance	Sept 13 190 X (Address) Cherapeahe Cet Mel.
II BIRTHPLACE OF FATHER	
Z (State or country)	*State the I isease Causing Death, for, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jarah Clother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ionts or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
Mrs. Banard Jordon	Former or usual residence
(Informant) Ann Bayard Jordon	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Chelepeantelly Ing	Merrich Cemetery Jeft 15 1954
	20 UNDERTAKER / / APDRESS
Filed 9/13 1984 B. to Brown	4 Jutes Truels Townsund 180
	SO W. Santana St. Balton Propunction V. S. No. 1
If more b.anks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

09114

(Approved by U. S. Census and American Public Health Association.)

tired_6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g. ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diohilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia,"

accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "eontributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Whooping use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi cough; Chronie valvular heart affection need etc. The contributory Always qualify all disease, not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

nfor- state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
= /	1. PLACE OF DEATH	(46)
a pla	County Cecel	Registration Dist, No. 15
item sho	Village or Citypean Pessing Sun	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
it si		death occurred the hopping of mandaton, give its tocal to instead of sheet and number)
Every CIANS ement	2. FULL NAME, Franks & Euler	
	(a) Residence: No. Rearing Sun reed	St. Ward.
ECORD. PHYSI	(Usual place of abode)	If nonresident give city or lown and Stale
KECO Fxact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
S N E	OR DIVORCED (write the word)	21. DATE OF DEATH Sept 6
TL TL ed.	Sa If married, widowed or divorced	(Month) (Day) (Year)
BINDING PERMANEN EXACTI y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
NI X A clas	1 0 1070	June 1 , 1933, 10 Sept 6 , 1984
BINJ PERM EX. Iy cla ate.	6. DATE OF BIRTH (month, day, and year) / Line 8 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9 /	Wast saw hall alive on Jeps 198 C, death is said
FOR B. IS A PE stated E properly certificate	1 day,hrs.	to have occurred on the date stated above, at
F(IS sta pro cert	S Trade, profession, or particular	were a follows: Date of onset
ED HIS be be of	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	rutestines, 1 Jun 11933
	9. Industry or business in which work was done, as SILK MILL.	(Sorge bowels)
SERV VK-T should it may it may	SAW MILL, BANK, etc	
RESH NG INI AGE SI that it ons on	to Date deceased last worked at this occupation (month and 1930 spant in this occupation)	
2413	12. BIRTHPLACE (city or town) Cost Hollingham	Other Contributory Canses of importance:
ADIN d. d.	(State or country)	
MARGI UNFAI supplied. n terms, ee instru	13. NAME Christian & Euler	
D that a	14. BIRTHPLACE (city or town)	Name of operation cuo aperation Data of
WTTH efully sin plain ant. See	(otate or country)	What test confirmed diagnosis? Was there an au'opsy? X-O
efu in lant.	15. MAIDEN NAME Sa W. Keynolds	23. If death was due to external causes (VIOL ENCE) fill In elso tha following:
INLY, We be careful in important	O 16. BIRTHPLACE (city or town) Cost I and (State or country)	Accident, suicide, or homicide? 17 Date of injury 19 19
AINLY, d be can DEATH	Charles L	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in JNDUSTRY, in HOME, or In PUBLIC PLACE.
ABBA	17. INFORMANT THAT CHILD ON A	Specify whether injury occurred in 210 03 FK1, in Home, of in Public Place.
Shou OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITH ation AUSE TON is	Place Fremont Pa Date Sept 7, 19.3 x	Nature of injury.
-WRIT mation CAUSH TION	19. UNDERTAKER LE C. Juscin'	24. Was disease or injury in any way related to occupation of deceased?
S. No. 1	(Address) / Isling Sleng Md.	If so, specify
202	20. FILEO PAL 6 197 197 197	(Signed) Devitació M. D.
140	Registrar.	(Address) Little Toll See
Com	White the state of	2411 N. Charles Street, Baltimore, Requesting J. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

	Registration Dist. No.
(lf	
	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
The state of the s	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME William Harris	477
(a) Residence: No. (Usual place of abode)	St., Ward. north East Mod
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sept 28 1934
5a. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Bertha White	Sept 28 CERTIFY, Thetal attended dacassed from
6. DATE OF BIRTH (month, day, and year) Que 31 1863	I last saw hamalive on Angel 28 19 34 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.A.m.
7/ 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
& Trada, profession, or particular kind of work dona, as SPINNER,	Date of onset
SAWYER, BDDKKEEPER, atc. Qron Worker	Chrane Mural 1933
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	() : 1 :
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decasaed last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	lugunguarian
12. BIRTHPLACE (city or town) manshester (Stata or country) England	Dthar Cantributory Causes of importenca:
C 12 MANG 7 0 1/ -	
(State or country)	Name of operation
7 010000	What test confirmed diagnosis?
The state of the s	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs Bertha Harrisin	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) north East, Myd 18. BURIAL, CREMATION, DR REMOVAL	
Place 2 orth East M. E. Date Det 1 , 1934	Manner of injury
19. UNDERTAKER Joseph 9 Frant	24. Was disease or injury In any way related to occupetion of deceased?
(Addrass) / h orth East not	If so, spacify
20. FILED 9-29-34, 19 Les W. Quely Registrar.	(Signed) Merch Gast Md

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The state of the s	Example I	15	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 4 1934	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. 2	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.
- 10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	44.0	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	11 11000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

MARGIN RESERVED

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V. S.	7 1		
Other contributory causes of importance:		Other contributory causes of importance:	200
Gallstones	May 1,1923	Gastroenteritis	1 yedr

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		(13.0)	
County Cecil		Registration Dist. No	91
Village or City St Curar	istino	NoNo.	St Ward
Length of residence in city or lown where de		f death occurred in a horpital or institution, give its NAME instead of significant. ds. How long in U.S. if of foreign birth?yrs	treet and number)
2. FULL NAME And		Jackson.	
(a) Residence: No. Meas	(Usual play of abode)	St., Ward. If nonresident give city or	town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH SEP (1934 (Month) (Oey)	, 193
5a. If married, widowed, or divorced HUSBAND of		(month) (bey)	(Year)
(or) WIFE of Single		22. I HEREBY CERTIFY, That I	
10.	41 11 11 1011	71627 ,1934,10 SEP9	1934, 19
	tober 4th 1856	I lest saw h alive on	19; death is said
	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importa	
77 11	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	E. Lelin		
SAWYER, BODKKEEPER, etc	arin pavares	Clume my orande	45
work was done, as SILK MILL, SAW MILL, BANK, etc.			
U 10. Date deceased last worked at	11. Total lime (years)		
this occupation (month and year)	spent in this		
12. BIRTHPLACE (city or town)	Co	Other Contributory Causes of importance:	
	elaware		
13. NAME Sohn	1 Sachann		
14. BIRTHPLACE (city of town)	6	Name of operation	
(Stete or country)	Muchanio -		EV 177 L
15. MAIDEN NAME Mary	Familia	What test confirmed diagnosis? Was t	
H A	2 1	23. If death was due to external causes (VIOLENCE) fill in also the	
16. BIRTHPLACE (city or town)	Untersion,	Accident, suicide, or homicide? Date of Injury Where did injury occur?	/, 19
74. 44	0.00	(Specify city or town, county	and State)
17. INFORMANT M. Start (Address) R.D. Middle	· Cuc	Specify whether injury occurred in INDUSTRY, in HOME, or in PU	BLIC PLACE.
	unoval.	Manner of injury	
Place Smyrna, Dilas		Manner of injury	
N. B. st.	11/201		
19. UNDERTAKER (Address)	17 And	24. Was disease or injury in any way related to occupation of dece	Bsed?
all truling	1 n	If so, specify (Signed)	and of
20. FILED	1. Brown	(Signed) (Address)	M. D.
	Registrar.	(WOOLESS)	the state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week and Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was donc.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(131)
County Cecel	Registration Dist. No. 9293
Village or City COR Mills	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidance in city or town whara death occurredyrs	mosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Jeles 1990 (a) Residence: No. Elithulls (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eclevard Face	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Synty /	86 2 I last saw h_l2_ alive on 9-12-34, 19 ; death is said
7. AGE Years Months Days If LES	SS than to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Elevenie myorardum
9/Industry or business in which work was done, as SILK MILL.	el chronic interstitial
10. Date deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation coupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Leter Clease	
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Harriett Harriett	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
(Steta or country)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT EMPLOYEE CONTROL (Address) Ell Duilly M	el.
18. BURIAL, CREMATION, UR REMOVAL Place Cleary Public Date Sept 23	Manner of Injury
19. UNDERTAKER OF The Second o	24. Was diseasa or injury In any way related to occupation of deceased?
20. FILED Uz/h 22, 1934 Janus Fran	(Signed) A M. AMMEN (M. B. C. Signar) (Address) Heaven Do me Beech

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

7. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

0	0	1	6)	0
U	J	1	-	4

1. PLACE OF DEATH		(92:01)	
County Circle	*******************	Registration Dist. No. 2	2
Village or City Clasto	~ PD 3	No. St	Ward
Length of rasidence in city or town where death or	Curred — vrs — mo	f death occurred in a horpital or institution, give its NAME instead of street and s. How long in U.S. if of foralgn birth?yrsyrs.	d number)
	2 +41	4	.mosus.
2. FULL NAME June	Maleton	Lewis	
(a) Residence: No.	Usual place of abode)	St., Ward. If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	iid State
	NGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
· fr / Arhe OR	DIVORCED (write the word)	Sept 6	, 193 4
5a. If married, widowad, or divorced	7,000,000	(Mont/f) (Oay)	(Yeer)
HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, Thet I ettend	ed daceased from
7	56	194 , to Hefst	4 , 19.3 1
6. DATE OF BIRTH (month, day, end yaar) 7. AGE Yaars Months	25 1874	-1	∠; deeth is said
7. AGE Yaars Months	Oays If LESS than 1 day,hrs.	to have occurred on the data stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	13 ormin.	wera as follows:	Date of onset
8. Trade, profassion, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.	1-1-	Carone andoendites	
9. Industry or business in which			
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work wes dona, as SILK MILL, SAW MILL, BANK, atc 10. Oate dacaasad last worked at this occupation (month and	Home		
10. Oate dacaasad last worked at this occupetion (month and	11. Total tima (yaars) spent in this		
yaar)	occupetion	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) wrby	ston /	Elebral Embolism	
(Stata or country)	1.		
14. BIRTHPLACE (city or town)	ferenger		
I4. BIRTHPLACE (city or town)	/ /	Name of operation Dete of	
(Stata of country)	formation	What test confirmed diagnosis? Was there a	
15. MAIOEN NAME	*	23. If death was dua to external causas (VIOLENCE) fill in also tha follow	
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	and	Accidant, suicide, or homicide? Oata of Injury	, 19
≤ (Stata or country)	1	Whera did Injury occur?	
17. INFORMANT	ewig.	(Specify city or town, county and S Spacify whathar Injury occurred in INOUSTRY, In HOME, or in PUBLIC I	tate) PLACE,
(Address) Clicton	PD 3	4	
18. BURIAL, CREMATION, OR REMOVAL Place Chaton Consulty Oats	Sept 8	Manner of Injury	
111	Jefel 1, 1934	Neture of injury	
19. UNOERTAKER Augustian	·	24. Was diseese or injury In any way related to occupation of decaasad?	
(Addrass)	rd.	If so, specify	
20. FILEO 2 2/2 8 , 1934 / Sauce	11 Jages	(Signed)	
	Registrar.	(Address)	

If more blanks are needed, addre & State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
L. VIAN	ا ا		
Other contributory causes of importance:		Other contributory causes of importance:	4
Gallstones	May 1,1923	Gastroenteritis	1 year
			. Au

V. S. No. 1

Z

STATE OF MARYLAND-CERTIFICATE OF DEATH

0	0	41	63	0	٦
J	V	1	Age	Œ.	J

1. PLACE OF DEATH		
County Cscil	Registration Dist. No. 9	
Village or City Casilton	No. St.	Ward
(II	f death occurred in a horpital or institution, give its NAME instead of street and numbe death occurred in a horpital or institution, give its NAME instead of street and numbe death occurred in a horpital or institution, give its NAME instead of street and numbe death occurred in a horpital or institution, give its NAME instead of street and numbe death occurred in a horpital or institution, give its NAME instead of street and numbe death occurred in a horpital or institution, give its NAME instead of street and numbe death occurred in a horpital or institution, give its NAME instead of street and numbe death occurred in a horpital or institution, give its NAME instead of street and numbe death occurred in a horpital or institution, give its NAME instead of street and numbe death occurred in a horpital or institution, give its NAME instead of street and numbe death occurred in a horpital or institution, give its NAME instead of street and numbe death occurred in a horpital or institution, give its NAME institution in a horpital or institution i	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Herrico A. COLOR OR RACE Herrico A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wyite the word) Married	21. DATE OF DEATH Septem For 3, 193, (Month) (Day)	(Year)
5a. If married, widowed br divorced HUSBAND-of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	1 HEREBY CERTIFY. That I attended decease of importance	1934
8. Frade, profession, or particular	were as follows:	e ol onset
kind of work done, as SPINNER, Wordswife SAWYER, BOOKKEEPER, etc. Wordswife 9./Industry or business in which	Cerebral Lemarchago Sig	h+3-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL Away House SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end years) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance: Auturio Schwasio	
13. NAME / Villam S. elderson		
13. NAME William S. Clourson 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of What test confirmed diagnosis? Westhere an aulops	sy?
15. MAIDEN NAME CHUIS E. Register 16. BIRTHPLACE (city or town) 17. (State or country) 17. INFORMANT (Address) 17. (Address)	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	19
18. BURIAL, CREMATION, OR REMOVAL Place Celifton Cumberry Dete beft 6 1934	Manner ol injury	
19. UNDERTAKER John To Coffage (Address) Casellors (May 1988)	24. Was disease or injury in any wey related to occupation of deceased? If so, specify (Signed)	M. D.
20. FILED 19 9 19 9 19 19 19 19 19 19 19 19 19 19	(Address) Oscillay Ind.	W. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	at-	Example II	
The principal cause o of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PERFLYED	1915	Attack of epilepsy	1 week ago
Chronic interstitiat neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OGT 9 1934	July 5,1927	Peritonitis	3 days ago
	RIME IIV S) (i		
Other contributory ca		2	Other contributory causes of importance:	-
Gallstones		May 1,1923	Gastroenteritis	1 year
	•			

BINDING

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related c of importance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
\$ 1 ×			3.1
Other contributory causes of importance:		Other contributory causes of importance:	1.35
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact estatement of OCCUPATION is very important. See instructions on back of certificate. RECORD BINDING WITH UNFADING INK-THIS IS A PERM FOR MARGIN RESERVED WRITE PLANL No. 1

00

PLACE OF DEATH County Childegil ryland	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 97
Village or City Childs, (No(No	St.: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single (Write the word)	September 29, 1934., 192 (Month) (Day) (Year)
Unknown , 1 864 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from May 14th, 1932. 192 to September 29th, 1934, that I last saw h im alive on September 25th, 1934.
(about) 10 yrs. mos. ds. or min.?	and that death occurred on the date stated above, at 1.00 A.m. The CAUSE OF DEATH * was as follows: Arteriosclerosis with cerebral softening
particular kind of work laborer (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary Durstion) Ourstion) Tellow
Philadelphia, ra. 10 NAME OF FATHER Unknown 11 BIRTHPLACE OF FATHER (State or country) Unknown	(Signed)
12 MAIDEN NAME OF MOTHER UNKNOWN 13 BIRTHPLACE OF MOTHER (State or Country) Unknown	in LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place Total Mos. ds. State yrs. mos. ds.
(Informant) Patient (Address)Cecil County Almshouse. File Aph 29 1924 Baust Backer Registras	Former or usual residence 19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL LOGINARY ADDRESS P. J. J. J. L. L. MILLER MARKER P. J. J. L. L. MILLER MARKER D. J. J. L. L. MILLER MARKER D. MILLER
If more banks are needed, addre.s tate Kegistrar	, 18 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census : nd American Fublic Health Association.)

whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Ilousewife, Ilouseer," etc., Without mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Colton mill; (a) Sulcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e g. . Farmer or Flanter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomolive (b) Grocery; engineer, Wom-

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. E. amples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal maningitis"); Diphtheria (avoid use of "Croup"); Sind fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Com2," "Convulsions," (secondar/ or intercurrent) affection need not be st.ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be assertained as the cause. "E:haustion," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; "Heart failure," "IIaemorrhage," Chronic etc. The contributory valvular heart Always qualify all Mcasles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING,

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 09126
County Cecil	Registration Dist. No. 93
Village or City man Fair Hill (IF	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
1 '10'	ds. How long in U.S. if of foreign birth?yrsmosds.
	Peross b. A & 1 b 1
(a) Residence: No. (Usual place of abode)	St., Ward. North Gast Ma. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Marie D.	21. DATE OF DEATH September 14 ,193 4 (Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Margaret Shirley Shallcross	22. 1 HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, dey, end year) Sept 22, 1909 7. AGE Years Months Days If LESS then 1 day,hrs. orhrs.	I lest saw h alive on, 19, 19; death is said to heve occurred on the dete stated ebove, et,,
8. Trede, profession, or particular kind of work done, es SPINNER, bricklayer and SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, plasterer SAW MILL, BANK, etc. 10. Dete decesed last worked at this occupation (month end to this occupation (month end to this occupation in this specific this occupation (month end to this occupation in this occupation in this occupation (month end to this occupation in the occupation of the occupation in the occupation of the occupation in the occupation of the occupation occupation of the occupation occup	fractured skull and broken
10. Dete decessed last worked at this occupation (month end Sept 34 spent in this occupation (month end Sept 34 spent in this occupation) 12. BIRTHPLACE (city or town) (Stete or country)	Other Cestributory Causes of Importence:
13. NAME Hiram N. Shalleross 14. BIRTHPLACE (city or town) near Else to had. (Stete or country)	Neme of operation Date of Whet test confirmed diegnosis? Wes there en eu opsy?
15. MAIDEN NAME aunie abboth	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) North East med. (State or country)	Accident, suicide, or homicide? accident Dete of injury 9/14, 1934 Where did injury occur? Fam Hell acid Country man (Specify city or town, county and State)
17. INFORMANT Arram N. Shalf cross (Address) North East md.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE North East M.E. Cempate Sept 17, 1934	Manner of Injury struck by automobile Nature of injury
19. UNDERTAKER OSEPH OT Frank Md	24. Wes disease or injury In eny way related to occupation of deceased?
20, FILED Soft 17, 1934 C. S. grant Registrar.	(Signed) J. Northery Frager Coroners. (Address) Bellton Med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	1 week ago
Run over by street car	1 week ago
Peritonitis	0 3000
	3 days ago
Other contributory causes of importance:	
	1 year
200	Other contributory causes of importance: Gastroenteritis

	infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09127
	F \	County local	
1	should of OCC	Village or City Prising Sun Med.	No. Registration Dist. No. 93
	= 0	C (III	death occurred in a hospital or institution, give its NAME instead of street and number)
	RD. Every	3, , , ,	ds. How long in U.S. if of foreign birth?dsds.
	2 2	2. FULL NAME Harry Lewis & Kefcherd.	
	RD	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
•	ECORD PHYS xact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	L Y. Ex	3. SEX 4. COLOR OR RACE OR DIVORCED (write the yord) Onale Owhile Or Divorced (write the yord)	21. DATE OF DEATH STRAF 9 193 4
DING	ANENA CTI	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helium Scan Shela head	22. I HEREBY CERTIFY That I ettended decassed from
BIND	EX cla	6. DATE OF BIRTH (month, day, end year) Dogs. 72 1863	last sew hard, aliva on Auro 9 1934 death legals
63	P Bd erly	7. AGE Yaers 70 Months 8 Days /8 If LESS than	to have occurred on the data stated above, at a m.
FOI	IS A PE stated E properly certificate.	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
	he s be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Data of onset
国	E	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decaased last worked at this occupation (month and	· 18/19/24
IR.	K-T nould may back	work was dona, as SILK MILL, SAW MILL, BANK, etc	for Ho
ESERVED	INI E st on	this occupation finditii and 10 7 / Spant in this	
RE	VG I AGE that ons	yaar) Cunq - 1734 occupation A	Other Contributors Causes of importance:
GIN	DII.	12. BIRTHPLACE (city or town) Auddlehour (Stata or country)	Siffe Astorohin 1932
S.G.	NFADING plied. AGI rms, so tha		Jangarin Of Jums, If Ista
TA	F 6 9 "	E 8 2. 1111 .	La garage of masula 1933
-	y su lain t	14. BIRTHPLACE (city or town) / huladiffile (State or country)	Name of operation Date of Was there an autopsy?
	WITH IN DI IN TO I	15. MAIDEN NAME Clive Lake	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
	Y, carceard 'H i	15. MAIDEN NAME Cin Lake 16. BIRTHPLACE (city or town) - Abidalelown	Accident, suicide, or homicide?
U	NE NE	(State or country)	Whare did injury occur?
	Should OF DE	(Address) Pusing Sur and	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	四二四十二	Place Middletour Date Sep. 12, 1934	Manner of injury
0.1	WRIT mation CAUSE	19. UNDERTAKER & S. Tyson ; (Addrass)	24. Wes disaase or injury in any way ralated to occupation of deceased?
V. S. No.	E B	20. FILED State 11, 19 5 4 W White the Receiptor.	(Signad) M. D. (Addrass) M. D.
	Gem		1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I			Example II	
The principal cause of do of importance were as fe	leath and related	deauses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OPT 9	7094	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	8		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUDEAU	V. 8	July5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance	2:		Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	-144 -24,11
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	82-20	
County cel	Registration Dist. No.	
Village or City Near Earleville	No. St., Ward	
(lt	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrsmos	ds. How long in U, S, if of foreign birth?yrsmosds.	
2. FULL NAME OUSAW & , Shitler	X	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Leftenber (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Whitlock	22. I HEREBY CERTIFY. That I ettended deceased from Aug. 17, 1934, to Sept. 4, 1934	
6. DATE OF BIRTH (month, day, and year) 12/3//1865	l last saw h alive on 1936; death is said	
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at	
68 8 ormin.	were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	arlenoseleroses 847.34	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	Cerebral Kemonhage. 8-17-39	
10. Date deceased last worked at this occupation (month and year) cocupation.		
A SUPPLIED A OF CITY AND A COMMENT OF THE COMMENT O	Other Contributory Causes of Importance: Assurantes fibrillation 1 - 17 - 3	
12. BIRTHPLACE (city or town) (State or county)	The second of th	
13. NAME Laures Chambers		
Ξ 1. Ω	Name of operation Date of	
(State or country), Wilkinstown	What test confirmed diagnosis? Was there an autopsy? Mo	
15. MAIOEN NAME Mukerown	23. If death was due to external causes (VIOLENCE) fill in also the following:	
	Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town)	Where did Injury occur?	
17. INFORMANT Lellion Of Gitlorge	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place exilton Country Oate Deft, 9 , 1904	Nature of injury	
John Maldage	24. Was disease or injury in any way related to occupation of deceased?	
19. UNOERTAKER	If so, specify	
Cohn E 311 KN.	(Signed) G. R. Curchley M.D.	
20. FILEO 19. 4	(Address) Egg. flow, Mil.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis?	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year